

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :
Ashis K. SAHA et al. : Examiner: Raymond K. Covington
: Group Art Unit: 1625
Application No. 10/699,336 :
: Filing Date: October 31, 2003 : Attorney Docket No. 1282-P03035US1
: For: BENZOFURAN COMPOUNDS, :
COMPOSITIONS AND METHODS FOR :
TREATMENT AND PROPHYLAXIS OF :
HEPATITIS C VIRAL INFECTION AND :
ASSOCIATED DISEASES :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**RESPONSE TO
NOTICE OF ALLOWABILITY**

Dear Sir:

A Notice of Allowability ("Notice") was issued February 8, 2007 in the above-referenced patent application. The February 8, 2007 Notice set a three (3) month time period in which to submit a substitute Oath or Declaration executed by co-inventor, David Rys, because the Declaration originally filed omitted residence, citizenship and address of David Rys.

In response to the aforementioned Notice, submitted herewith is an executed Substitute Declaration, Power of Attorney and Power to Inspect ("Substitute Declaration") executed by David J. Rys which corrects the omissions set forth above.

With the submission of the executed Substitute Declaration, it is believed that no further response is required in connection with the aforementioned Notice other than payment of the issue fee, which is being filed concurrently herewith.

In the event that a fee is required in connection with the consideration of the present Response to Notice of Allowability, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 04-1406.

Favorable reconsideration and allowance of this application are again respectfully requested.

Respectfully submitted,

DANN DORFMAN HERRELL and SKILLMAN
Attorneys for Applicant

By Patrick J. Hagan
Patrick J. Hagan
Registration No. 27,643

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(215) 563-4100 (telephone)
(215) 563-4044 (facsimile)
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SUBSTITUTE DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **BENZOFURAN COMPOUNDS, COMPOSITIONS AND METHODS FOR TREATMENT AND PROPHYLAXIS OF HEPATITIS C VIRAL INFECTIONS AND ASSOCIATED DISEASES**, the specification of which [check one(s) applicable]

X was filed October 31, 2003 and assigned U.S. Patent Application No. 10/699,336;
___ and was amended by Amendment filed (if applicable); or
___ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim the benefit under 35 U.S.C. §119 of any prior United States provisional application(s) listed below:

<u>Provisional Appln No.</u>	<u>Filing Date</u> <u>Day/Mon/Year</u>
60/515,944	30.10.2003
60/461,077	04.08.2003
60/489,060	21.07.2003
60/423,291	11.01.2002

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO:	CUSTOMER NUMBER 000110
DIRECT INQUIRIES TO:	Telephone: (215) 563-4100
	Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Ashis K. Saha
First Middle Last

Full Name Christopher J Burns
First Middle Last

Signature _____

Signature _____

Date _____

Date _____

Residence _____
City State or Country

Residence _____
City State or Country

Citizenship _____

Citizenship _____

Post Office Address: _____

Post Office Address: _____

Street Address _____

Street Address _____

City State or Country Zip Code

City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Alfred M. Del Vecchio
 First Middle Last

Signature _____

Date _____

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FIFTH JOINT INVENTOR (IF ANY)

Full Name Jason A. Reinhardt
 First Middle Last

Signature _____

Date _____

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SEVENTH JOINT INVENTOR (IF ANY)

Full Name Thomas H. Faitg
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name Thomas R. Bailey
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

SIXTH JOINT INVENTOR (IF ANY)

Full Name Bheemashankar A. Kulkarni
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

EIGHTH JOINT INVENTOR (IF ANY)

Full Name Hao Feng
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

Full Name Susan R. Sherk
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City _____ State or Country _____ Zip Code _____

ELEVENTH JOINT INVENTOR (IF ANY)

Full Name David J. Rys
First Middle Last

Signature *David J. Rys*

Date 1/28/2007

Residence Philadelphia, Pennsylvania
City State or Country

Citizenship U.S.

Post Office Address: _____

819 North 24th Street, Apt. #2R

Street Address _____

Philadelphia, Pennsylvania 19130

City _____ State or Country _____ Zip Code _____

THIRTEENTH JOINT INVENTOR (IF ANY)

Full Name John _____ Swestock
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City _____ State or Country _____ Zip Code _____

Full Name Charles W. Blackledge
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City _____ State or Country _____ Zip Code _____

TWELVETH JOINT INVENTOR (IF ANY)

Full Name Thomas A. Lessen
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City _____ State or Country _____ Zip Code _____

FOURTEENTH JOINT INVENTOR (IF ANY)

Full Name YiJun _____ Deng
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City _____ State or Country _____ Zip Code _____

FIFTEENTH JOINT INVENTOR (IF ANY)

Full Name	<u>Theodore</u>	<u>J.</u>	<u>Nitz</u>
	First	Middle	Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

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